

**REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

**ORIGINAL**-Requesting Agency**COPY**-Applicant

<b>BOX 1. ORI:</b> (Check <input checked="" type="checkbox"/> one) Code assigned by DOJ			
		<input type="checkbox"/> CCLD A0448	<input checked="" type="checkbox"/> Trustline A1157 (Subsidized TrustLine)
<b>BOX 2. Type of Application</b> (Check <input checked="" type="checkbox"/> one)			
		<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer
<b>BOX 3. Job Title or Type of License, Certification or Permit:</b>			
Child Care Provider (Health & Safety Code 1596.603 (c))		CalWorks/CDE	
<b>BOX 4. Agency Address Set Contributing Agency:</b>			
CA Dept of Social Services		<b>03502</b>	
Agency authorized to receive criminal history information		Mail Code ( <i>five-digit code assigned by DOJ</i> )	
(This is not a Live Scan site. Call 1-800-315-4507)		<b>N/A</b>	
744	"P" Street		
Street No. Street or PO Box		Contact Name ( <i>Mandatory for all school submissions</i> )	
Sacramento	CA	95814	( ) <b>N/A</b>
City	State	Zip Code	Contact Telephone No.
<b>BOX 5. Applicant Information:</b>			
Name of Applicant: (Please print) _____			
LAST		FIRST	MI
AKA's _____		CDL No. _____	
LAST		FIRST	
DOB: _____		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Misc. No. <b>BIL- NA</b>	
		AGENCY BILLING NUMBER ( <i>IF APPLICABLE</i> )	
HT: _____		WT: _____	
		Misc. No.: _____	
		ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR ID.	
POB: _____		Home Address: ( <i>All applicants must complete</i> )	
HAIR: _____		EYE: _____	
SOC No. _____		STREET OR PO BOX	
		CITY, STATE AND ZIP CODE	
<b>BOX 6. Your Number:</b> <u>TLR</u>			
		Level of Service	<input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission (select R2), list Original ATI No. _____			
<b>BOX 7. NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS</b>			
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
<b>N/A</b>			
Employer Name			
<b>N/A</b>			
Street No		Street or PO Box	
<b>N/A</b>		<b>N/A</b>	
City		State	
Zip Code		Mail Code ( <i>five digit code assigned by DOJ</i> )	
		<b>N/A</b>	
Agency Telephone No. ( <i>Optional</i> )			
<b>BOX 8. Live Scan Transaction Completed By:</b> _____			
NAME OF OPERATOR			
Date _____			
Transmitting Agency		LSID#	ATI No.
			Amount Collected/Billed

## TRUSTLINE SUBSIDIZED APPLICANTS

### Instructions for Completing the Live Scan Submission Form

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#### A) Complete this form and the TrustLine Application Form.

**Box 1 to 4** are pre-printed. Proceed to Box 5.

**Box 5.** Applicant Information:

1. **Name of Applicant:** Enter your full name (last, first, middle initial).
2. **AKA's:** Other names that you have ever used.
3. **CDL No:** CA Driver's License or CA ID.
4. **DOB:** Date of Birth.
5. **SEX:** Male or Female.
6. **MISC NO. BIL:** N/A ( Pre-Printed)
7. **HT:** Height.
8. **WT:** Weight.
9. **MISC NO.:** Enter Alien Registration, Out of state driver's license or ID.
10. **POB:** State or Country of Birth
11. **Home Address:** Applicant's home address; Street or PO Box; City, State, Zip Code.
12. **HAIR COLOR:** Color of hair
13. **EYE COLOR:** Color of eyes
14. **SOC:** Social Security Number (Optional)

**Box 6.** The first part of the section is pre-printed.

If resubmission, list Original ATI No. Complete this section only if your original fingerprints were rejected.

**Box 7** is pre-printed.

#### B. CALL THE LIVE SCAN SITE TO MAKE AN APPOINTMENT.

**Box 8.** Live Scan Transaction Completed by:

The Live Scan Operator will complete this section and keep a copy of the form.

It is important that you bring this form with you the day you are fingerprinted; the Live Scan Operator must complete Box 8. After you've had your fingerprints scanned, take a copy of the Live Scan Submission form along with the TrustLine application form and send or take it to the agency listed in Box '8' of the TrustLine Application. You must call 24 hours in advance if you cannot keep the appointment. A no-show fee of \$5.00 will be charged for missed appointments.

**DO NOT LEAVE YOUR TRUSTLINE APPLICATION AT THE LIVE SCAN SITE.**

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